

RECEIVED
CENTRAL FAX CENTER

FEB 16 2006



Law Office of Nora M. Tocup
140 Pinecrest Avenue
P.O. Box 698
Decatur, Georgia 30030-1933
404.372.1430 Fax: 404.378.3424
ntocup@hellsouth.net
www.noratocup.com

In re Application of:

Albanese Lerner and
Cunefare

Serial No.: 10/767,144

Art Unit: 2832

Filed: January 26, 2004

Examiner: B. Rojas

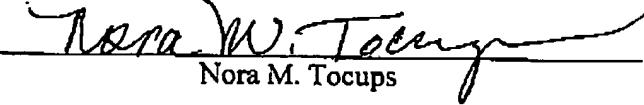
For: Adaptable Vibration Absorber
Employing Magnetorheological
Elastomer with Variable Gap
Length and Methods and Systems
ThereforAttorney Docket
No: 0701-2812

To: Patent Examiner B. Rojas United States Patent and Trademark Office Art Unit: 2832	From: Nora M. Tocup, Esq. Registration No. 35,717
Fax: 571.273.8300	Date: February 16, 2006 Total pages, including cover: 17

The information contained in this transmission is attorney privileged and/or confidential information intended for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited, and you are respectfully requested to contact the sender.

CERTIFICATE OF FAXING

I hereby certify that this correspondence, along with any paper referred to as being attached or enclosed, is being transmitted via facsimile transmission on February 16, 2006 to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 at central fax number (571) 273.8300 and addressed to patent examiner B. Rojas.


Nora M. Tocup

RECEIVED
CENTRAL FAX CENTER

FER 16 2004

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL
FORM

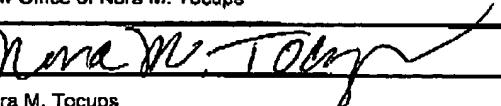
(to be used for all correspondence after initial filing)

TRANSMITTAL FORM	Application Number	10/787,144	
	Filing Date	January 26, 2004	
	First Named Inventor	Anne-Marie Albanese	
	Art Unit	2832	
	Examiner Name	B. Rojas	
Total Number of Pages in This Submission	17	Attorney Docket Number	0701-2812

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Credit Card Payment Form
Remarks		

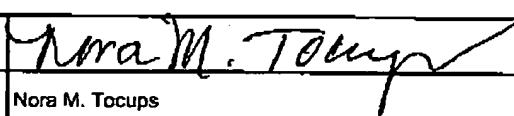
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Law Office of Nora M. Tocup		
Signature			
Printed name	Nora M. Tocup		
Date	February 16, 2006	Reg. No.	35,717

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature



Typed or printed name

Nora M. Tocup

Date

February 16, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

FEB 16 2006

PTO/SB/17 (01-08)

Approved for use through 07/31/2008, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2006** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

200.00

Complete if Known

Application Number	10/767,144
Filing Date	January 26, 2004
First Named Inventor	Anne-Marie Albanese
Examiner Name	B. Rojas
Art Unit	2832
Attorney Docket No.	0701-2812

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity	Fee (\$)
Fee (\$)	Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
20 or HP =	x	=	_____

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
Fee (\$)	Fee (\$)	_____

Indep. Claims

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
5 - 3 or HP =	2	x 100 =	200

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100 =	/ 50 =	(round up to a whole number) x	_____	= _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)

SUBMITTED BY

Signature	Nora M. Tocups	Registration No. 35,717 (Attorney/Agent)	Telephone 404.372.1430
Name (Print/Type)	Nora M. Tocups	Date February 16, 2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

FEB 16 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO FIRST SUBSTANTIVE OFFICE ACTION

Responsive to the first substantive Office Action in this matter, this Amendment and Response is presented as follows:

Claims – pages 2-8

Remarks – pages 8 – 13.

Respectfully submitted,

Ward M. Tozer

Nora M. Tocups, Reg. 35,717
Attorney for Assignee

Law Office of Nora M. Tocups
Post Office Box 698
Decatur, Georgia 30031
404-372-1430 Fax 404-378-3424
ntocups@bellsouth.net
Attorney Docket No. 0701-2812

CERTIFICATE OF PAXING

I hereby certify that this correspondence, along with any paper referred to as being attached or enclosed, is being transmitted via facsimile transmission on February 16, 2006 to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 at central fax number (571) 273.8300 and addressed to patent examiner B. Rojas.

Nora M. Tocups

02/17/2006 TL0111 00000012 10767144

01 FC:1201 200.00 OP